State of California
STATE WATER RESOURCES CONTROL BOARD

WDID# 419 002437
LOG-IN BY DATE 7/24/03
REVWD BY [handwritten initials] DATE 9/11/03
QA/QC BY DATE

2002-2003
ANNUAL REPORT
FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2002 through June 30, 2003

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

If any information contained in Items A, B, C, and D below differs from the information provided in your Notice of Intent (NOI), circle or highlight the information that differs from your NOI so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility is relocated or changes ownership.

If you have any questions, please contact your Regional Board Storm Water Program Contact. The address of the Regional Board (where the Annual Report must be filed) along with the name, telephone number and e-mail address of the contact is indicated on page 8 of this Annual Report. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. *Facility Location:* **_Facility WDID No: 4 19I002437_**

Facility Name: SHULTZ STEEL COMPANY
Address: 5321 E. FIRESTONE BLVD.
City: SOUTH GATE State: **CA** Zip: 90280 Phone: 323-357-3200

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B. *Facility Operator Information:*

Operator Name: SHULTZ STEEL COMPANY
Mailing Address: 5321 E. FIRESTONE BLVD.
City: SOUTH GATE
Contact Person: PETER NASH
Title: PLANT ENGINEER
State: CA Zip: 90280 Phone: 323-357-3277

C. *Facility Information:* *(Complete if different from facility mailing address in Item A above)*

Street Address: ______
City: ______ State: **CA** Zip: ______
Standard Industrial Classification (SIC) Code(s): 3462

RECEIVED
DIVISION OF
WATER QUALITY
2003

2002-2003

ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

☐ **YES** Go to Item D.2 ☒ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** _____

ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: ___/___/___

Re-evaluation Date: ___/___/___

Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: ___/___/___

Re-evaluation Date: ___/___/___

Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

iv. ☐ Received Regional Board Certification Certification Date: ___/___/___

v. ☐ Received Local Agency Certification Certification Date: ___/___/___

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

☐ **YES** Go to Section E ☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 1

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

EXPLANATION: ONLY ONE QUALIFYING STORM EVENT

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

☒ **YES** ☐ **NO** **attach explanation** **(Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)**

3. How many storm water discharge locations are at your facility? 3

4. For each storm event sampled, did you collect and analyze a sample from each of the facility's' storm water discharge locations? ☒ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated ___/___/_____

6. Were all samples collected during the first hour of discharge? ☒ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☒ YES ☐ NO, **attach explanation**

8. Were there any discharges of storm water that had been temporarily stored or contained? (such as from a pond) ☐ YES ☒ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☒ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☒ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

    _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

    _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

    _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler
- Parameters tested
- Name of analytical testing laboratory
- Discharge location identification
- Testing results
- Test methods used
- Test detection limits
- Date of testing
- Copies of the laboratory analytical results

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☑ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July-September	☐ **YES**	☐ **NO**	☐ **N/A**	October-December	☐ **YES**	☐ **NO**	☐ **N/A**
January-March	☐ **YES**	☐ **NO**	☐ **N/A**	April-June	☐ **YES**	☐ **NO**	☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information:

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non- storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July-September	☒ **YES**	☐ **NO**	October-December	☒ **YES**	☐ **NO**
January-March	☒ **YES**	☐ **NO**	April-June	☒ **YES**	☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☑ **NO** Go to Item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information:

i. name of each unauthorized non-storm water discharge
ii. date and time of observation
iii. source and location of each unauthorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

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G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☒	☐	February	☒	☐
November	☒	☐	March	☒	☐
December	☒	☐	April	☒	☐
January	☒	☐	May	☒	☐

2. Report monthly wet season visual observations using **Form 4** or provide the following information:

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occurred during the last year
   - outdoor wash and rinse areas
   - process/manufacturing areas
   - loading, unloading, and transfer areas
   - waste storage/disposal areas
   - dust/particulate generating areas
   - erosion areas
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☒ YES ☐ NO

   The following records should be reviewed:

   - quarterly authorized non-storm water discharge visual observations
   - monthly storm water discharge visual observation
   - records of spills/leaks and associated clean-up/response activities
   - quarterly unauthorized non-storm water discharge visual observations
   - Sampling and Analysis records
   - preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☒ YES ☐ NO

   The following SWPPP items should be reviewed:

   - pollution prevention team
   - list of significant materials
   - description of potential pollutant sources
   - assessment of potential pollutant sources
   - identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☒ YES ☐ NO

   The following BMP categories should be reviewed:

   - good housekeeping practices
   - spill response
   - employee training
   - erosion control
   - quality assurance
   - preventative maintenance
   - material handling and storage practices
   - waste handling/storage
   - structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☒ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? ☒ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

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ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1.	Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2.	If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3.	If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4.	Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: Thomas E. Reed

Signature: [signature] Date: 7/1/03

Title: Chief Financial Officer

Prepared by Matthew McCullough PE CH4673

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.swrcb.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.swrcb.ca.gov/stormwtr/contact.html

LA BOARD.

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): LUKE SOUZE **TITLE:** CONSULTING ENG. **SIGNATURE**

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC	Al	Cu	Fe	Ni	Zn
FRONT GATE	12/16/02 1:40 ☐AM ☒PM	1:40 ☐AM ☒PM	7.4	270	180	58	25	2.2	0.15	3.1	0.049	0.85
REISNER WAY	12/16/02 1:55 ☐AM ☒PM	1:40 ☐AM ☒PM	7.3	190	190	40	21	1.3	0.087	2.2	0.055	0.41
RAYO	12/16/02 2:05 ☐AM ☒PM	1:40 ☐AM ☒PM	7.3	140	52	20	8.4	0.98	0.074	1.4	0.017	0.70
BACKGROUND	12/16/02 2:25 ☐AM ☒PM	1:40 ☐AM ☒PM	6.9	46	17	ND	2.0	0.31	0.035	0.35	0.016	0.32
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:			-	4.0	-	5.0	1.0	0.05	0.01	0.01	0.01	0.01
TEST METHOD USED:			150.1	160.2	120.1	1664	415.1	200.7	200.7	200.7	200.7	200.7
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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NO QUALIFYING STORM EVENT

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.

NAME OF PERSON COLLECTING SAMPLE(S): _____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For Second Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			PH	TSS	SC	O&G	TOC					
	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
	__/__/__ ☐AM __:__ ☐PM	☐AM __:__ ☐PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SEE ATTACHED FORM

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: __/__/__	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

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SEE ATTACHED FORM

SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					
/ / : ☐ AM ☐ PM					

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FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs) – SEE ATTACHED FORM

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/__ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/__ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/__ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM __/__/__ __:__ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.

2002-2003

ANNUAL REPORT

SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

SEE ATTACHED FORM

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					
__/__/__ __:__ ☐AM ☐PM					

2002-2003

ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES - SEE ATTACHED FORM

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October ____ 2002 Observers Name: _____ Title _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November____ 2002 Observers Name. _____ Title _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December____ 2002 Observers Name. _____ Title _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January____ 2003 Observers Name: _____ Title _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2002-2003

ANNUAL REPORT

SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES - SEE ATTACHED FORM

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

2002-2003

ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES - SEE ATTACHED FORM

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February ____ 2003 Observers Name _____ Title _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 2003 Observers Name: _____ Title _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 2003 Observers Name _____ Title _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2003 Observers Name _____ Title: _____ Signature _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Time Discharge Began	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.	: ☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

2002-2003

ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES - SEE ATTACHED FORM

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				
/ / : ☐ AM ☐ PM				

2002-2003

ANNUAL REPORT

SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 6/26/03 INSPECTOR NAME: Matthew McGuire TITLE: Consulting Eng. SIGNATURE: [signature]

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
VARIOUS RAW MATERIAL, TOOL&DIE STORAGE AREAS	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	SSC will cont. to evaluate techniques to reduce TSS.	
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☒ YES ☐ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) **HAZARDOUS MATERIALS STORAGE AREAS**	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP) **UNDERGROUND STORAGE TANKS**	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☒ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☒ NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐ YES ☐ NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐ YES ☐ NO			

2002-2003

ANNUAL REPORT

SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ___/___/___ INSPECTOR NAME: ________________ TITLE: ________________ SIGNATURE: ________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

SHULTZ STEEL STORM WATER

ORANGE COAST ANALYTICAL, INC.
3002 Dow, Suite 532, Tustin, CA 92780 (714) 832-0064 Fax (714) 832-0067
4620 E. Elwood, Suite 4, Phoenix, AZ 85040 (480) 736-0960 Fax (480) 736-0970

LABORATORY REPORT FORM

Laboratory Name: ORANGE COAST ANALYTICAL, INC.

Address: 3002 Dow Suite 532 Tustin, CA 92780

Telephone: (714) 832-0064

Laboratory Certification
(ELAP) No.: 1416 Expiration Date: 2003

Laboratory Director's Name (Print) : Mark Noorani

Client: MC Squared

Project No.:

Project Name: Schultz

Laboratory Reference: MCS 13907

Analytical Method: 1664, 150.1, 415.1, 160.2, 200.7, 120.1

Date Sampled: 12/16/02
Date Received: 12/17/02
Date Reported: 12/26/02

Sample Matrix:

Chain of Custody Received: Yes

Laboratory Director's Signature: Mark Noorani

MC 2
ATTN: Mr. Matt McCullough
355 N. Sheridan Rd.
Corona, CA 92882

Client Project ID: Schultz
Client Project #:

SAMPLE DESCRIPTION: Water

Laboratory Reference #: MCS 13907

Sampled:	---	12/16/02	12/16/02
Received:	---	12/17/02	12/17/02
Reported:	12/26/02	12/26/02	12/26/02
Lab Sample I.D.	MB	02120160	02120161
Client Sample I.D.	---	SS-RAYO	SS-BCK

ANALYTE	***DATE TESTED***	***EPA METHOD***	***SAMPLE RESULTS***			
Oil & Grease	12/23/02	1664	<5.0	20	<5.0	mg/l
TSS		160.2	<4.0	140	46	mg/l
TOC	12/17/02	415.1	<1.0	8.4	2.0	mg/l
Specif Cond	12/17/02	120.1	--	52	17	µmhos/cm
pH	12/17/02	150.1	--	7.3	6.9	
Aluminum	12/24/02	200.7	<0.05	0.98	0.31	mg/l
Copper	12/24/02	200.7	<0.01	0.074	0.035	mg/l
Iron	12/24/02	200.7	<0.01	1.4	0.35	mg/l
Nickel	12/24/02	200.7	<0.01	0.017	0.016	mg/l
Zinc	12/24/02	200.7	<0.01	0.70	0.32	mg/l

MC 2
ATTN: Mr. Matt McCullough
355 N. Sheridan Rd.
Corona, CA 92882

Client Project ID: Schultz
Client Project #:

SAMPLE DESCRIPTION: Water

Laboratory Reference #: MCS 13907

Sampled:	---	12/16/02	12/16/02	
Received:	---	12/17/02	12/17/02	
Reported:	12/26/02	12/26/02	12/26/02	
Lab Sample I.D.	MB	02120158	02120159	
Client Sample I.D.	---	SS-FG	SS-RW	

ANALYTE	***DATE TESTED***	***EPA METHOD***	***SAMPLE RESULTS***			
Oil & Grease	12/23/02	1664	<5.0	58	40	mg/l
TSS	12/20/02	160.2	<4.0	270	190	mg/l
TOC	12/17/02	415.1	<1.0	25	21	mg/l
Specif Cond	12/17/02	120.1	--	180	190	µmhos/cm
pH	12/17/02	150.1	--	7.4	7.3	
Aluminum	12/24/02	200.7	<0.05	2.2	1.3	mg/l
Copper	12/24/02	200.7	<0.01	0.15	0.087	mg/l
Iron	12/24/02	200.7	<0.01	3.1	2.2	mg/l
Nickel	12/24/02	200.7	<0.01	0.049	0.055	mg/l
Zinc	12/24/02	200.7	<0.01	0.85	0.41	mg/l

QA/QC REPORT
for
Inorganics
Reporting units: ppm

1. Matrix Spike (MS) / Matrix Spike Duplicate (MSD)

Laboratory Reference No : MCS 13907

Analyte	*Date Tested*	*QC Sample*	*R1*	*SP CONC*	*MS*	*MSD*	*%MS*	*%MSD*	*RPD*	*ACP%*	*ACP RPD*
TOC	12/17/02	02120158	25	20	42.5	43.1	88	91	1	64-122	14
Oil & Grease	12/23/02	OCA100	0	40	33.0	34.0	83	85	3	79-114	18
Aluminum	12/24/02	A02120163	0.0	2.0	1.73	1.85	87	93	7	70-130	20
Copper	12/24/02	A02120163	0.0	0.20	0.199	0.208	100	104	4	70-130	20
Iron	12/24/02	A02120163	0.035	2.0	1.75	1.88	86	92	7	70-130	20
Nickel	12/24/02	A02120163	0.0	0.20	0.187	0.194	94	97	4	70-130	20
Zinc	12/24/02	A02120163	0.021	0.40	0.404	0.416	96	99	3	70-130	20

Definition of Terms :

R1	Results Of Laboratory Sample Number
SP CONC	Spike Concentration Added to Sample
MS	Matrix Spike Results
MSD	Matrix Spike Duplicate Results
%MS	Percent Recovery of MS: {(MS-R1) / SP} x 100
%MSD	Percent Recovery of MSD: {(MSD-R1) / SP} x 100
RPD	Relative Percent Difference: {(MS-MSD) / (MS+MSD)} x 100 x 2
ACP %	Acceptable Range of Percent for MS/MSD
ACP RPD	Acceptable Relative Percent Difference

2. Laboratory Control Sample

Analyte	*Date Tested*	*QC Sample*	*SP CONC*	*Results*	*% Recovery*	*ACP %*
TOC	12/17/02	OCA 10055	20	17.60	88	70-126
Aluminum	12/24/02	OCA 10052	2.0	1.78	89	85-115
Copper	12/24/02	OCA 10059	0.20	0.190	95	85-115
Iron	12/24/02	OCA 10049	2.0	1.74	87	85-115
Nickel	12/24/02	OCA 10059	0.20	0.186	93	85-115
Zinc	12/24/02	OCA 10059	0.40	0.375	94	85-115

Analysis Request and Chain of Custody Record

Lab Job No: ______ Page 1 of 1

ORANGE COAST ANALYTICAL, INC.

3002 Dow, Suite 532
Tustin, CA 92780
(714) 832-0064, Fax (714) 832-0067

4620 E. Elwood, Suite 4
Phoenix, AZ 85040
(480) 736-0960 Fax (480) 736-0970

REQUIRED TAT: NORMAL

CUSTOMER INFORMATION	PROJECT INFORMATION
COMPANY: Mc2	PROJECT NAME: Schultz
SEND REPORT TO:	NUMBER:
ADDRESS: 355 N Sheridan	LOCATION:
Suite 103	ADDRESS:
CORONA CA 92880	
PHONE: 909 7399593 FAX: 909 739-9594	SAMPLED BY: LUKE SOULE

ANALYSIS/METHOD REQUEST: pH; TSS; TOC; oil + grease; SP. conductance; metals (Al, Cu, Zn, Ni, Fe)

SAMPLE ID	NO. OF CONTAINERS	SAMPLE DATE	SAMPLE TIME	SAMPLE MATRIX	CONTAINER TYPE	PRES.	pH	TSS	TOC	oil + grease	SP. conductance	metals (Al, Cu, Zn, Ni, Fe)			REMARKS/PRECAUTIONS
SS-~~FG~~ SS-FG	6	12/16/02	1:40	H_2O	VARIOUS	VARIOUS	X	X	X	X	X	X			
SS-RW	6	|	1:55	|	|	|	|	|	|	|	|	|			
SS-RAYO	|	|	2:05	|	|	|	|	|	|	|	|	|			
SS-BCK	6	12/16/02	2:25	H_2O	VARIOUS	VARIOUS	X	X	X	X	X	X			

Total No. of Samples: 24

Method of Shipment: HD

Relinquished By:	Date/Time:	Received By:	Date/Time:
[signature]	12/17/02 1050		
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished By:	Date/Time:	Received For Lab By: [signature]	Date/Time: 12/17/02 10:50

Reporting Format: (check)
NORMAL ____ S.D. HMMD ____
RWQCB ____ OTHER ____

Sample Integrity: (check)
intact ____ on ice ✓

All samples remain the property of the client who is responsible for disposal. A disposal fee may be imposed if client fails to pickup samples.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October November December January February March April May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									
Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

C Please explain why a qualifying storm event was not observed: _____

D Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: _____ Date: 5/31/05

[1] Note: A qualifying storm event is as a storm event that: (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October November December January February March (April) May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									
Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

C Please explain why a qualifying storm event was not observed: _____

D Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: _____ Date: 4/30/03

[1] Note: A qualifying storm event is as a storm event that: (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October November December January February March April May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

C Please explain why a qualifying storm event was not observed: _____

D

Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: _____ Date: 3/31/03

[1] Note: A qualifying storm event is as a storm event that: (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October November December January February March April May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									
Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

C Please explain why a qualifying storm event was not observed: _____

D Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: _____ Date: 2/28/03

[1] Note: A qualifying storm event is as a storm event that (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October November December (January) February March April May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									
Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

C Please explain why a qualifying storm event was not observed:

D Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: Date: 1/31/03

[1] Note: A qualifying storm event is as a storm event that: (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October November (December) January February March April May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
			Describe:		Describe:		Describe:		Describe:
ALL	12/16 1:15	(Y) N	ORGANIC DEBRIS	(Y) N	ORGANIC DEBRIS	Y (N)		(Y) N	SLIGHT TRACE Cast
Comments:									

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
			Describe:		Describe:		Describe:		Describe:
		Y N		Y N		Y N		Y N	
Comments:									

C Please explain why a qualifying storm event was not observed: _____

D Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: _____ Date: 12/16/02

[1] Note: A qualifying storm event is as a storm event that: (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October (November) December January February March April May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									
Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

C Please explain why a qualifying storm event was not observed: _____

D Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: _____ Date: 11/30/02

[1] Note: A qualifying storm event is as a storm event that (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 2 - RECORD OF WET SEASON MONITORING

(Complete this form once per month between October 1 and May 30)

A Observation Period (circle one): October November December January February March April May

During this observation period, a qualifying storm event[1] (circle one): (1) occurred (2) did not occur (3) was not observed

If a qualifying storm event did occur and observations were performed, please provide a visual description of the storm water quality in Section B below. If a qualifying storm event was not observed, please skip Section B and provide an explanation in Section C. If a qualifying storm event did not occur, please skip Section B. In all cases complete Section D.

B

Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									
Outfall Number	Date/ Time:	Floating or Suspended Material? (circle one)		Turbidity or Discoloration? (circle one)		Odors? (circle one)		Oil and Grease Sheen Present? (circle one)	
		Y	Describe:	Y	Describe:	Y	Describe:	Y	Describe:
		N		N		N		N	
Comments:									

C Please explain why a qualifying storm event was not observed: _____

D Facility: Shultz Steel Company Location: South Gate, CA

Inspector Name: Matthew McCullough Title: Consulting Engineer

Signature: _____ Date: 10/31/02

[1] Note: A qualifying storm event is as a storm event that: (a) occurs during scheduled daylight facility operating hours, and (b) is preceded by at least three working days without storm water discharge. Observations must be performed within the first hour of discharge.

FORM 1 - RECORD OF NON-STORM WATER DISCHARGE MONITORING

THIS FORM SHOULD BE FILLED OUT AT LEAST ONCE FOR EACH QUARTERLY MONITORING PERIOD OF EACH YEAR. INSPECTIONS SHOULD BE SEPARATED BY AT LEAST 6 WEEKS AND NO MORE THAN 18 WEEKS.

Quarterly Monitoring Period (circle one): (1) July-September (2) October-December (3) January-March (4) April-June

Outfall Number:	Date/Time:	Discharge Observed? Y (circle one) N	Source:	Action Taken:
ALL	6/19 2:00	Discharge Evidence Observed? (circle one) Y N	Source:	Action Taken:
If a Non-Storm Water Discharge was Observed, was it an Authorized Non-Storm Discharge? Yes No				
Comments:				
Outfall Number:	Date/Time:	Discharge Observed? Y (circle one) N	Source:	Action Taken:
		Discharge Evidence Observed? (circle one) Y N	Source:	Action Taken:
If a Non-Storm Water Discharge was Observed, was it an Authorized Non-Storm Discharge? Yes No				
Comments:				

Facility: Shultz Steel Company
Location: South Gate, CA
Inspector Name: Matthew McCullough Title: Consulting Engineer
Signature: Date: 6/19/03

FORM 1 - RECORD OF NON-STORM WATER DISCHARGE MONITORING

THIS FORM SHOULD BE FILLED OUT AT LEAST ONCE FOR EACH QUARTERLY MONITORING PERIOD OF EACH YEAR. INSPECTIONS SHOULD BE SEPARATED BY AT LEAST 6 WEEKS AND NO MORE THAN 18 WEEKS.

Quarterly Monitoring Period (circle one): (1) July-September (2) October-December (3) January-March (4) April-June

Outfall Number:	Date/Time:	Discharge Observed? Y (circle one) N	Source:	Action Taken:
ALL	12/17 9:00	Discharge Evidence Observed? Y N (circle one)	Source:	Action Taken:
If a Non-Storm Water Discharge was Observed, was it an Authorized Non-Storm Discharge? Yes No				
Comments: STANDING WATER FROM STORM				
Outfall Number:	Date/Time:	Discharge Observed? Y (circle one) N	Source:	Action Taken:
		Discharge Evidence Observed? Y N (circle one)	Source:	Action Taken:
If a Non-Storm Water Discharge was Observed, was it an Authorized Non-Storm Discharge? Yes No				
Comments:				

Facility: Shultz Steel Company
Location: South Gate, CA
Inspector Name: Matthew McCullough Title: Consulting Engineer
Signature: Date: 12/17/03

FORM 1 - RECORD OF NON-STORM WATER DISCHARGE MONITORING

THIS FORM SHOULD BE FILLED OUT AT LEAST ONCE FOR EACH QUARTERLY MONITORING PERIOD OF EACH YEAR. INSPECTIONS SHOULD BE SEPARATED BY AT LEAST 6 WEEKS AND NO MORE THAN 18 WEEKS.

Quarterly Monitoring Period (circle one): (1) July-September (2) October-December (3) January-March (4) April-June

Outfall Number:	Date/Time:	Discharge Observed? Y (circle one) N	Source:	Action Taken:
ALL	1/2 1:00	Discharge Evidence Observed? Y N (circle one)	Source:	Action Taken:
If a Non-Storm Water Discharge was Observed, was it an Authorized Non-Storm Discharge? Yes No				
Comments:				
Outfall Number:	Date/Time:	Discharge Observed? Y (circle one) N	Source:	Action Taken:
		Discharge Evidence Observed? Y N (circle one)	Source:	Action Taken:
If a Non-Storm Water Discharge was Observed, was it an Authorized Non-Storm Discharge? Yes No				
Comments:				

Facility: Shultz Steel Company
Location: South Gate, CA
Inspector Name: Matthew McCullough Title: Consulting Engineer
Signature: Date: 1/2/02